MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/5/6987
APPLICANT(S)

FILING DATE 4:20.06

CLAIMS

	AS FILED		AFTER 1*AMENDMENT		AFTER 2 ** AMENDMENT		CLAIMS	AS FILED		AFTER 1" AMENDMENT		AFTER 2 MAMENDMENT	
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